



Statement of Organization CANDIDATE COMMITTEE

JUN 12 2012

VOTER REGISTRATION

*Please read instructions before completing this form.

Type of Statement		ELECTORAL BOARD					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-12-01004	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.	<table border="1"> <tr> <th>Date Changes Took Effect</th> <th>SBE-issued Committee ID</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Committee Information							
Committee Information	Friends of Heath Wells						
	Name of Candidate Campaign Committee						
	1301 Queen St						
	Street Address/PO Box	Suite #					
	Alexandria	VA	22314				
	City	State	Zip Code				
heath.wells.esq@gmail.com	703-981-1289						
Email Address	Daytime Phone #						
Campaign Website							
Candidate Information							
Candidate Information	Wells	Heath	Elmer				
	Salutation	Last Name	First Name	Middle Name			
	1301 Queen St		Suffix				
	Residence Address		Apt #				
	Alexandria		VA				
	City		State				
	ALEXANDRIA CITY		311038955				
	County or City of Residence		Voter Identification #				
heath.wells.esq@gmail.com		703-981-1289					
Email Address	Daytime Phone #						
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.							
Election Information							
Election Information	School Board District A		Election - District A				
	Office Sought		District (if one)				
	Independent	2012	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party	Year of Election	Type of Election				



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Treasurer Information				
Treasurer Information		Marston	Christopher	M
	Salutation	Last Name	First Name	Middle Name
	110 Shooters Ct			
	Residence Address		Apt #	Zip Code
	Alexandria		VA	22314
	City		State	Zip Code
	ALEXANDRIA CITY		917572194	
	County or City of Residence		Voter Identification #	
chris@electioncfo.com		571-482-7690		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Wells Fargo				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria		VA		
City		State		
City		State		
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		<u>N/A</u>	
	Date first expenditure made:		<u>N/A</u>	
	Date campaign depository designated:		<u>11 Jun 2012</u>	
	Date filing fee paid for party nomination:		<u>N/A</u>	
	Date Statement of Qualification filed:		<u>12 Jun 2012</u>	
	Date treasurer appointed:		<u>11 Jun 2012</u>	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Signature </div> <div style="text-align: center;"> _____ Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Candidate's Signature </div> <div style="text-align: center;"> _____ Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Treasurer's Signature </div> <div style="text-align: center;"> _____ Date </div> </div>